

**CITY OF BURBANK
FINANCE DEPARTMENT
TRANSIENT PARKING TAX APPLICATION – Pursuant to BMC Sec. 2-4-1907
(818) 238-5500**

DATE: _____

NAME OF ENTITY/PARKING FACILITY OPERATOR/OWNER _____

CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____ OTHER _____

FEDERAL TAX ID # _____ OR SOCIAL SECURITY # _____

NATURE/DESCRIPTION/TYPE OF BUSINESS _____

PARKING FACILITY ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

PRINTED NAME OF AUTHORIZED OPERATOR _____

NAME OF MANAGING AGENT (IF DIFFERENT THAN OPERATOR) _____

TITLE _____

TELEPHONE NUMBER _____

I UNDERSTAND THAT THIS APPLICATION IS NOT PROOF OF FINAL APPROVAL OF A LICENSE, PERMIT, OR TAX CERTIFICATE. THIS IS ONLY AN APPLICATION FOR A "TRANSIENT PARKING REGISTRATION CERTIFICATE". I FURTHER UNDERSTAND THAT, FOR THE PURPOSES OF THIS ARTICLE, WHEN AN OPERATOR PERFORMED HIS OR HER FUNCTIONS ON BEHALF OF A PROPERTY MANAGEMENT COMPANY OR DIRECTLY FOR THE PROPERTY OWNER, ALL THESE PARTIES HAVE THE SAME DUTIES AND LIABILITIES.

SIGNATURE _____ DATE _____

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____

SECURITY DEPOSIT RECEIVED:

APPROVED: _____ DENIED: _____

*only if needed (BMC Sec. 2-4-1910)

DATE APPROVED/DENIED: _____

DATE ISSUED: _____

Yes _____ No _____ Amount _____

CERTIFICATE NO.: _____

Mail to:
City of Burbank
Financial Services Dept.
301 E. Olive Ave.
Burbank CA 91502